

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Adams, Jr. et al.  
Serial No. : 10/539,890 Examiner : M.M. Patel  
Filed : March 16, 2006 Group Art Unit : 2178  
For : SYSTEM AND METHOD FOR ANNOTATING MULTI-MODAL  
CHARACTERISTICS IN MULTIMEDIA DOCUMENTS

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

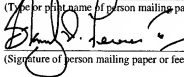
Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on February 25, 2008 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Reference II  
(Type or print name of person mailing paper or fee)

  
(Signature of person mailing paper or fee)

FERENCE & ASSOCIATES LLC  
Amendment Transmittal

Atty. Docket No. YOR920020375PCT1  
(590.103)

5. ☐ Also enclosed: \_\_\_\_\_
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
					RATE	FEE			RATE	FEE
Total Claims	19	- ** 20	= * 0	x	\$25	=	O	x	\$50	= 0
Ind. Claims	3	- *** 3	= * 0	x	\$105	=	R	x	\$210	= 0
Multiple Dependent Claim Presented				+	\$185	=	R	+	\$370	= 0
					<b>TOTAL</b>	= \$	R		<b>TOTAL</b>	= \$0.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

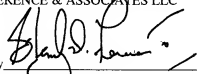
\*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

\*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$0.00 to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$0.00 filing fee to Deposit Account No. 50-0510.
10. ☐ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By   
Stanley D. Ference III  
Reg. No. 33,879

Dated: February 25, 2008

Mailing Address:

**Customer No. 47049**  
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